

VALIATION / Assessment Centre Services

81092230001

Date In: 29/03/2022 17:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/INC2002891	F-mail (with star) (if any):		
Veh No: FBR 2128B	i-Motor Claim Form		
File No: 29/03/2022 01:30	i-Motor W/O (by mail on 20/03/2022)		
Rep: (1) Reporting Unit	i-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: FBR 4168R	INC () / Non-INC ()
Owner / Driver ()	Tel: ()	
Policy No ()	Period ()	Cover Type ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability ()	[Note-Est Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]	
Year of Registration: ()	Warranty YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer or repairer

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towel-In () ; Invoice YES () / NO () ; Towing Co ()

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

X/A2002830	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	2nd Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30)			
Driver/Owner:	2) DA : Damage Assessment (\$100) INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	5) RT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (w/ef 19 Jan 2005)			
	6) TR : Re-inspection \$15			
	7) N1 : 1dc DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	Q11:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Report Coordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Cat 1:	TP (N11) TP (N12) & INC (against INC)			
Cat 2/3:	9) N12 : 1dc Mobile \$10			
	Invoice dated: _____	Invoice by: _____		
	2) e-mailed	2) e-mailed		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	29/03/2022 17:30 (SGT)
Date of Accident	25/03/2022 01:30 (SGT)
Exact Location of Accident	Tuas Ave 5, Singapore
Additional Location Information	TURNING LEFT TO TUAS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2128B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ZUBAIR BIN MOHAMED GHAZZALI
NRIC No	SXXXX214I
Email Address	zubairbusa@gmail.com
Mobile Phone No	(Phone) +65-88931645
Alternative Phone No	+65-88931645

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Gsx1300
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	1340

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2021-00004058
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ZUBAIR BIN MOHAMED GHAZZALI
NRIC No	SXXXX214I

Date Of Birth	08/02/1994
Occupation	Indoor
Date Of Driving Pass	04/11/2016
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88931645
Alt. Phone Number	+65-88931645
Email Address	zubairbusa@gmail.com
Address	BLK 634 VEERASAMY ROAD #02-146
Address complement	-
Postcode	200634
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20220327/7023 AND J/20220329/7045

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR4168E
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	SYED ALI BIN MOHAMED HUSSAIN
NRIC No	SXXXX471D
Contact Number	(Phone) +65-89219744
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD ZUBAIR BIN MOHAMED GHAZZALI
Gender	Male
Phone No	(Phone) +65-88931645
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBJ2128B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

28/03/2022

Paul Goh 17:36

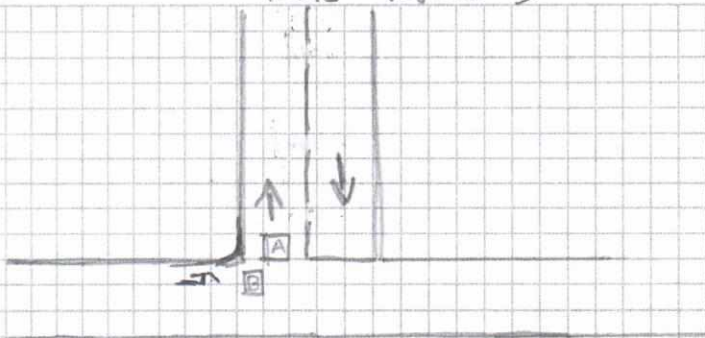
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Paul Goh 29/03/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Tuas Road 5



A) FBT 7128 B

B) FBR 4168E

Describe Circumstances of the Accident

REFER TO POLICE REPORT A/20220327/7023
J/20220329/7045

Declaration

We declare the foregoing particulars are true in every respect.

Signature 28/03/2022
17:34

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

Signature 29/03/2022

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



A/20220327/7023

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Report No. A/20220327/7023

Date/Time Report Made 27/03/2022 18:50	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ZUBAIR BIN MOHAMED GHAZZALI	Address 634 VEERASAMY ROAD #02-146 SINGAPORE 200634	
ID Type / ID No. NRIC NO / S9405214I	Contact No. Home/Office: Mobile: 88931645	
Nationality SINGAPORE CITIZEN	Email Address ZUBAIRGZL@ICLOUD.COM	
Occupation Management executive	Sex Male	Age 28
Institution/School Name	Date of Birth 08/02/1994	Race Indian
Date/Time Of Incident 25/03/2022 01:00 - 25/03/2022 01:30	Location Of Incident 634 VEERASAMY ROAD #02-146 SINGAPORE 200634	

Brief details.

I Muhammad Zubair bin Mohamed Ghazzali got into a accident with my vehicle number FBJ 2128 B on the 25th march 2022 around 1 am to 130 am along side Tuas Road 5 with another vehicle FBR 416 E. I was turning to a left small road when the vehicle hit me from the back at my left side, resulting in my bike skidding and me thrown of the bike injuring myself. Then myself and the other vehicle owner sat on the road side aiding myself to full consciousness before we left the scene. After which I took 1 day medical leave and rested at home to find out that my pain has been aggravating so I went to the nearest A&E the next day at TTSH to do a check up and was given 5days medial leave certificate and a follow up for bone

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2022 18:50
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20220327/7023

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220327/7023

specialist.

Subjects Involved			
Victim			
Person Name	MUHAMMAD ZUBAIR BIN MOHAMED GHAZZALI		
ID Type	NRIC NO	ID No	S9405214I
Gender	Male	Age	28
Race	Indian	Language	English
Occupation	Management executive	Address	634 VEERASAMY ROAD #02-146 SINGAPORE 200634
Mobile No	88931645	Is Informant A Victim?	Yes
Person Name	MUHAMMAD ZUBAIR BIN MOHAMED GHAZZALI (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
27/03/2022 18:50

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20220329/7045

1 of 2

POLICE REPORT (NP299)

Report No. J/20220329/7045

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 29/03/2022 16:35	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ZUBAIR BIN MOHAMED GHAZZALI	Address 634 VEERASAMY ROAD #02-146 SINGAPORE 200634	
ID Type / ID No. NRIC NO / S9405214I	Contact No. Home/Office: Mobile: 88931645	
Nationality SINGAPORE CITIZEN	Email Address ZUBAIRGZL@ICLOUD.COM	
Occupation Management executive	Sex Male	Age 28
Institution/School Name	Date of Birth 08/02/1994	Race Indian
Date/Time Of Incident 25/03/2022 01:00 - 25/03/2022 01:30	Location Of Incident 22 TUAS STREET SINGAPORE 638459	

Brief details.

i have already made a report but this is to amend the wrong address and wrong vehicle number which i wrote wrongly.

** The other party's vehicle number is FBR4168E instead of me initially writing in the report as " FBR 416 E"

** And the incident address i have changed too because it was my house address. by right the incident was at Tuas Avenue 5.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2022 16:35
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE POLICE FORCE



J/20220329/7045

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220329/7045

The police report number is A/20220327/7023.

This report is to just amend the errors.

thank you.

Subjects Involved			
Victim			
Person Name	MUHAMMAD ZUBAIR BIN MOHAMED GHAZZALI		
ID Type	NRIC NO	ID No	S9405214I
Gender	Male	Age	28
Race	Indian	Language	English
Occupation	Management executive	Address	634 VEERASAMY ROAD #02-146 SINGAPORE 200634
Mobile No	88931645	Is Informant A Victim?	Yes
Person Name	MUHAMMAD ZUBAIR BIN MOHAMED GHAZZALI (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
29/03/2022 16:35

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 03 / 2022 (DD/MM/YYYY), TIME: 01 : 30 (HH:MM)

LOCATION: Tuas Road 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 2128 B
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNMC 2021 - 00004058
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: AYYABUSA Gen 2
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Syed Ali Bin MOHAMED Hussain (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S94244710 CONTACT: 8921 9744
 c) ADDRESS: APT BIK 37 Jalan KUMAH TINGGI #06-427
Singapore 150037

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER MOHAMMAD ZUBAIR Bin MOHAMED
 d) NAME: AS ABATE CHAZZATI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 39405214 I CONTACT: 889 31645
 c) ADDRESS: 634 Veeracamy Road #02-146 (S) 200634

*d) DATE OF BIRTH: 08 / 02 / 1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 04 NOV 2016 (class 2)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS gravel)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) Control
 IF YES, PLEASE STATE WHICH POLICE STATION: Police Division HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBR 4168 E MODEL: YAMAHA MOTOR BIKE
 b) DRIVER'S NAME: Syed Ali Bin MOHAMED Hussain
 c) NRIC/FIN/PASSPORT: S94244710 CONTACT: 8921 9744

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
()

ZUBAIR.BUSA@gmail.com

Email: ZUBAIR.BUSA@gmail.com

VIDEO

Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.
All accidents must be reported within 24 hours or by the next working day of the incident
regardless of whether it will lead to a claim.

Policy number: PNMC2021-00004058

Plan name: Third Party

Motorcycle plate number: FBJ2128B

Your name (As the policyholder): Muhammad Zubair bin mohamed ghazzali

Coverage start date: 15/09/2021

Coverage end date: 19/09/2022

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

Finance company:

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to ride Your Motorcycle understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 14/09/2021



Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details in
this Certificate of Insurance needs to be changed.